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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/888,734
		Filing Date	June 25, 2001
		First Named Inventor	Bruce J. ROSER
		Art Unit	1651
		Examiner Name	F.C. Prats
Total Number of Pages in This Submission	2	Attorney Docket Number	559662000101

ENCLOSURES (Check all that apply)		
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Firm or Individual name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	<i>Kate H. Murashige</i>
Date	March 31, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY	Application Number	09/888,734
	Filing Date	June 25, 2001
	First Named Inventor	Bruce Joseph ROSER
	Art Unit	1651
	Examiner Name	F. Prats
	Attorney Docket Number	559662000101

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

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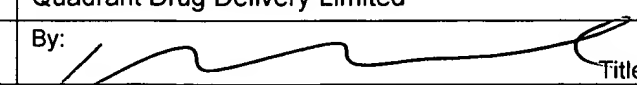
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Quadrant Drug Delivery Limited		
Signature	By: 	Title: <u>DIRECTOR</u>	
Date	<u>MARCH 25 2004</u>	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.